

Pursuant to the Federal Privacy Act (Public Law 93-579) and the Information Practices Act (IPA) of 1977 (Civil Code Sections 1798, *et seq.*), notice is hereby given for the request of personal information. Failure to provide all or any part of the requested information may delay processing of this form or result in an incomplete record. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual for whom personal information is collected has the right to inspect that information in any record maintained by POST. Inquiries may be directed to the POST Information Practices Act Coordinator at the address listed above.

INSTRUCTIONS

- Course presenters must complete, sign and submit an Instructor Resume form:
 - To approve each instructor assigned to teach in a POST-certified course. Refer to Regulation 1053(a)(2),
 - To attest that each instructor assigned to teach specialized subjects has completed the required instructor course or satisfies the requirements specified in the equivalency evaluation (Section 7). Refer to Regulations 1070 and 1082.
- A separate Instructor Resume form is required for each course taught by an instructor.
- Type or legibly print (in ink) all required information. To complete this form online, go to www.post.ca.gov/forms/2-112.doc.

SECTION 1: PERSONAL INFORMATION

1. INSTRUCTOR'S NAME (FIRST, MIDDLE, LAST)	2. CURRENT OCCUPATION	3. CURRENT EMPLOYER (PRIMARY)
4. BUSINESS ADDRESS		
STREET	CITY	STATE ZIP
5. BUSINESS PHONE NUMBER () - EXT	6. BUSINESS EMAIL	

SECTION 2: COURSE INFORMATION

7. COURSE ASSIGNED TO INSTRUCT	8. TRAINING PRESENTER	POST PRESENTER NO.	COURSE NO. (IF KNOWN)
9. SUBJECT(S) ASSIGNED TO INSTRUCT (e.g., FIREARMS, LEGAL UPDATE)			
A)	B)	C)	

SECTION 3: GENERAL EDUCATION

10. HIGHEST DEGREE	YEAR OBTAINED	11. MAJOR	12. EDUCATION / TEACHING CREDENTIAL <input type="checkbox"/> YES <input type="checkbox"/> NO
13. COLLEGE / UNIVERSITY (INCLUDE CITY AND STATE)			

SECTION 4: GENERAL LAW ENFORCEMENT EXPERIENCE

14. TYPES OF GENERAL LAW ENFORCEMENT EXPERIENCE RELATIVE TO THIS INSTRUCTIONAL ASSIGNMENT (e.g., PATROL, SWAT, TRAFFIC)	NO. OF YEARS	15. OTHER LAW ENFORCEMENT-RELATED EXPERIENCE RELATIVE TO THIS INSTRUCTIONAL ASSIGNMENT (e.g., COLLEGE INSTRUCTOR, ATTORNEY)	NO. OF YEARS
A)		A)	
B)		B)	
C)		C)	
D)		D)	

SECTION 5: GENERAL INSTRUCTOR DEVELOPMENT TRAINING

16. INSTRUCTOR DEVELOPMENT TRAINING (GENERAL INSTRUCTOR SKILLS: ADULT LEARNING, ASSESSMENT, PRESENTATION SKILLS, TESTING)			
A) COURSE TITLES – POST-CERTIFIED	COURSE CONTROL NUMBER	TOTAL HRS	COMPLETION DATE
1)	- -		
2)	- -		
B) COURSE TITLES – NON POST-CERTIFIED	PRESENTER	TOTAL HRS	COMPLETION DATE
1)			
2)			

SECTION 6: COURSE-SPECIFIC INSTRUCTOR TRAINING

17. INSTRUCTOR TRAINING SPECIFIC TO THIS COURSE – INITIAL TRAINING AND ANY UPDATE TRAINING (e.g., DRIVER INSTRUCTOR COURSE, DRIVER INSTRUCTOR UPDATE COURSE)			
A) COURSE TITLES – POST-CERTIFIED	COURSE CONTROL NUMBER	TOTAL HRS	COMPLETION DATE
1)	- -		
2)	- -		
B) COURSE TITLES – NON POST-CERTIFIED	PRESENTER	TOTAL HRS	COMPLETION DATE
1)			
2)			

18. LIST PROFESSIONAL LICENSE CERTIFICATES RELEVANT TO THIS COURSE (e.g., EMT, NAUI, R.N.)		
A)	B)	C)

Continues next page

INSTRUCTOR RESUME

POST 2-112 (04/03) – Page 2 of 2

19. INSTRUCTOR'S NAME (FIRST, MIDDLE, LAST)

SECTION 7: PRESENTER EVALUATION – SPECIALIZED SUBJECTS ONLY

NOTE: Presenters who employ instructors to teach specialized subjects must indicate how the instructor has met the minimum training standard (Regulation 1082) for each specialized subject. The presenter must also sign an attestation (Regulation 1070) that the required standard has been met.

20. WILL THIS INSTRUCTOR TEACH ONE OR MORE OF THE SPECIALIZED SUBJECTS LISTED IN COMMISSION REGULATION 1070(b)? (e.g. CHEMICAL AGENTS, INSTITUTE OF CRIMINAL INVESTIGATION) <input type="checkbox"/> YES – COMPLETE ITEMS 21–23 <input type="checkbox"/> NO – GO TO SECTION 8	21. LIST THE SPECIALIZED SUBJECT THE INSTRUCTOR IS ASSIGNED TO TEACH, THE REQUIRED INSTRUCTOR TRAINING COURSE TITLE, AND THE CORRESPONDING SECTION NUMBER LISTED IN REGULATION 1082 (e.g., FIREARMS INSTRUCTOR, SECTION 10).		
	SPECIALIZED SUBJECT ASSIGNED	REQUIRED INSTRUCTOR COURSE	SECTION NO. (REG 1082)
	A)		
	B)		
	C)		

22. CHECK THE APPLICABLE BOX BELOW AND COMPLETE THE REQUIRED INFORMATION.

☐ **POST-Certified Instructor Course – Regulation 1070(b)**

I have verified that this instructor has provided the certificate(s), POST profile, or equivalent verification that indicates completion of the following courses, in compliance with Regulation 1082 (a–d):

COURSE TITLES – POST-CERTIFIED	COURSE CONTROL NUMBER	HRS
A)	- -	
B)	- -	
C)	- -	

☐ **Equivalency Evaluation for Instructor Course – Regulation 1070(c)**

I have compared one or more expanded outlines from POST-certified and/or non-certified courses against the POST minimum content requirement specified in Regulation 1082 and have determined that this instructor has successfully completed all required topics and tests for the following courses/subject areas:

COURSE TITLES / SUBJECT AREAS	COURSE CONTROL NUMBER (IF KNOWN)	HRS	DATE	PRESENTER
A)	- -			
B)	- -			
C)	- -			

23. BASED UPON MY EVALUATION, I ATTEST THAT THIS INSTRUCTOR HAS MET THE REQUIREMENTS FOR TEACHING THE SPECIALIZED COURSES/SUBJECTS LISTED IN POST REGULATION 1070 IN COMPLIANCE WITH REGULATION 1082. DOCUMENTATION OF THE INSTRUCTOR COURSES EVALUATED ARE AVAILABLE FOR POST AUDIT (COURSE OUTLINES WITH SPECIFYING TITLE, THE INSTITUTION AND INSTRUCTORS' NAMES, COURSE TRAINING DATES, AND COURSE HOURS).

PRESENTER / DESIGNEE SIGNATURE	POSITION / TITLE	DATE
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SECTION 8: INSTRUCTOR TEACHING EXPERIENCE

24. LIST TITLES OF <i>DIRECTLY RELATED</i> COURSES/SUBJECTS TAUGHT.	25. LIST OTHER TEACHING EXPERIENCE (COURSE TITLES/SUBJECTS).
A)	A)
B)	B)
C)	C)

SECTION 9: PRESENTER APPROVAL

26. PRESENTER / DESIGNEE (PERSON AUTHORIZED TO APPROVE INSTRUCTOR – PRINT OR TYPE)	27. PRESENTER / DESIGNEE SIGNATURE
	DATE

28. PRESENTER'S BUSINESS ADDRESS
STREET CITY STATE ZIP

29. PRESENTER'S CONTACT INFORMATION
OFFICE () - CELL () - FAX () - EMAIL

POST USE ONLY

APPROVED BY (PRINT OR TYPE NAME)	TITLE	COURSE CONTROL NO.
		- -
BUREAU NAME	SIGNATURE	DATE